

## Community Pathways Waiver – **Current Services**

Service Type: Other Service

Service (Name):

Alternative Service Title: **EMPLOYMENT DISCOVERY AND CUSTOMIZATION**

HCBS Taxonomy:

Check as applicable

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

### **Service Definition:**

Employment Discovery and Customization is predicated on the belief that all individuals with developmental disabilities can work when given opportunity, training, and supports that build on an individual's strengths. They are designed to assist participants to: 1) access employment; or 2) explore possibilities/impact of work. In addition, as part of a broad customization process, they assist participants to develop career goals through career exploration, job development and related services. Services shall increase individual independence and reduce level of service need.

- A. Employment Discovery and Customization services are provided in accordance with the participant's IP and developed through a detailed person-centered planning process, which includes annual assessment of the individual's employment goals.
- B. Employment Discovery and Customization are time-limited activities(provided up to 6 months)which include assessment, discovery, customization, and training activities. They assist an individual in gaining competitive employment at an integrated job site where the individual is receiving comparable wages, and where most of the employees do not have disabilities.
- C. Employment Discovery and Customization services include but are not limited to the following:
  - 1) Community-based formal or informal situational assessments;
  - 2) Job development/customization or self-employment;
  - 3) Job and task analysis activities;
  - 4) Job and travel training;
  - 5) Work skill training/ mentoring;
  - 6) Modification of work materials, procedures, and protocols;

- 7) Training in social skills, acceptable work behaviors and other skills such as money management, basic safety skills, and work-related hygiene;
  - 8) Broad career exploration and self-discovery resulting in targeted employment opportunities including activities such as job shadowing, information interviews and other integrated worksite based opportunities; and
  - 9) Certified pre-employment benefits counseling designed to inform of options and alleviate fears and concerns by individuals and families that choosing to seek employment would jeopardize their benefits.
- D. Transportation to and from activities will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

- A. Employment Discovery and Customization services may be provided for up to a 6 month period. Additional increments may be authorized by the DDA.
- B. A participant's service plan may include a combination of: Supported Employment, Employment Discovery Customization, Community Learning Services and Day Habilitation.
- C. A day is comprised of one unit of service.
- D. Participants self-directing services may utilize a family member to provide services under the following conditions:
  - 1. A family member may be the paid employee of an adult participant, if the participant's IP establishes that:
    - a. choice of provider truly reflects the individual's wishes and desires;
    - b. the provision of services by the family member are in the best interests of the participant;
    - c. the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;
    - d. the services provided by the family member or guardian will increase the participant's independence and community integration; and
    - e. there are documented steps in the IP that will be taken to expand the participant's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the family member acting in the capacity of employee be no longer available.
  - 2. A family member of an adult participant may not be paid for more than 40-hours per week of services.
  - 3. Family members must provide assurances that they will implement the participant's IP as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

E. To be approved, add on and supplemental services must be the most "cost effective," which is the service that is available from any source, is least costly to the State, and reasonably meets the identified need.

F. Payment for services is based on compliance with billing protocols and completed supporting documentation are required as proof of delivery of services as required by the DDA.

G. No services will be provided to an individual if the service is available to them under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)).

**Service Delivery Method (check each that applies)**

Participant Directed as specified in Appendix E

Provider Managed

**Specify whether the service may be provided by (check all that applies):**

Legally Responsible Person

Relative

Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Agency	DDA Certified Organized Health Care Delivery System (OHCDS) Provider as per COMAR 10.22.20
Individual	Individual - For self-directed services
Agency	Licensed Vocational Service Providers as per COMAR 10.22.02 and 10.22.07

**Provider Specifications for Services**

**Provider Category:** Agency

**Provider Type:** DDA Certified Organized Health Care Delivery System (OHCDS) Provider as per COMAR 10.22.20

**Provider Qualifications License (specify):**

Licensed Vocational or Day service providers as per COMAR 10.22.02 and 10.22.07

**Certificate (specify):**

DDA certified Organized Health Care Delivery System Provider as per COMAR 10.22.20  
Division of Rehabilitation Services (DORS) Deemed Approval required and maintain  
certification as a DORS vendor  
Staff must possess current first aid and CPR training and certification.

**Other Standard (specify):**

Staff must:

- A. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
- B. Possess current first aid and CPR training and certification.
- C. Successfully pass criminal background investigation.

For self directed services, Direct Hire Support Staff must:

- A. Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
- B. Possess current first aid and CPR training and certification.
- C. Successfully pass criminal background investigation.
- D. Sign an agreement with DDA verifying qualifications and articulating expectations.

Family Members - Participants self-directing services may utilize a family member to provide services under the following conditions:

- A. A family member may be the paid employee of an adult participant, if the participant's IP establishes that:
  - (1) choice of provider truly reflects the individual's wishes and desires;
  - (2) the provision of services by the family member are in the best interests of the participant;
  - (3) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;
  - (4) the services provided by the family member or guardian will increase the participant's independence and community integration; and
  - (5) there are documented steps in the IP that will be taken to expand the participant's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the family member acting in the capacity of employee no longer be available.
- B. Family members must provide assurances that they will implement the participant's IP as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

Please note that all Direct Hire Support staff qualifications are subject to approval by DDA or its agent.

## Verification of Provider Qualifications

### Entity Responsible for Verification:

OHCQ for license  
DDA for initial OHCDS certification  
FMS for people self directing services  
DORS for Deemed Approval  
Coordinators of Community Service for use of family member

### Frequency of Verification:

Annual for license  
Initial OHCDS certification  
FMS for self directed services initial and annually for staff requirements  
Coordinators of Community Service during annual meeting

<b>Provider Category:</b> Individual
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**Provider Type:** Individual for self-directed services

### Provider Qualifications

#### License (specify):

#### Certificate (specify):

Division of Rehabilitation Services (DORS) Deemed Approval required and maintain certification as a DORS vendor.  
Staff must possess current first aid and CPR training and certification.

#### Other Standard (specify):

For self directed services, Direct Hire Support Staff must:

- A. Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
- B. Possess current first aid and CPR training and certification.
- C. Successfully pass criminal background investigation.
- D. Sign an agreement with DDA verifying qualifications and articulating expectations.

Family Members - Participants self-directing services may utilize a family member to provide services under the following conditions:

A. A family member may be the paid employee of an adult participant, if the participant's IP establishes that:

1. choice of provider truly reflects the individual's wishes and desires;

2. the provision of services by the family member are in the best interests of the participant;
3. the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;
4. the services provided by the family member or guardian will increase the participant's independence and community integration; and
5. there are documented steps in the IP that will be taken to expand the participant's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the family member acting in the capacity of employee no longer be available.

B. Family members must provide assurances that they will implement the participant's IP as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

Please note that all Direct Hire Support staff qualifications are subject to approval by DDA or its agent.

### **Verification of Provider Qualifications Entity**

#### **Responsible for Verification:**

Fiscal Management Services providers  
 Coordinators of Community Service for the use of a family member as a provider

#### **Frequency of Verification:**

FMS for self directed services initial and annually for staff requirements  
 Coordinators of Community Service during annual team meeting

<b>Provider Category:</b> Agency
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**Provider Type:** Licensed Vocational Services Providers as per COMAR 10.22.02 and 10.22.07

#### **Provider Qualifications**

##### **License (specify):**

Licensed Vocational Service Providers as per COMAR 10.22.02 and 10.22.07

##### **Certificate (specify):**

Staff must possess current first aid and CPR training and certification.

**Other Standard (specify):**

Staff must:

- A. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
- B. Possess current first aid and CPR training and certification.
- C. Successfully pass criminal background investigation.

**Verification of Provider Qualifications Entity**

**Responsible for Verification:**

- OHCQ for DDA license
- DORS Deemed Approval
- FMS for participants self directing services

**Frequency of Verification:**

- Annual for license
- FMS for self-directed services initially and annually for staff requirements